								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003									10789034				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALI TYPE	EN	IT/TY	OR	OTHER SMALL	
TC	TAL CLAIMS		: 4					RAT	E	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			——————————————————————————————————————		* · O			X\$ 9)=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* '0			X43=				X86=	
		IDENT CLAIM PR									OR		,
	<u> </u>				#07 in a slump 0			+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	in column 2			۱Ļ.	37:5	OR	TOTAL	
CLAIMS AS AMENDED - PART II								SMA		ENTITY	OR	OTHER SMALL I	
(Column 1) (Column 2) (Column 3)								SIVIA		ADDI-	I		`ADDI-
AT A		REMAINING AFTER		NUM PREVIO	BER DUSLY	PRESENT EXTRA		RATE		TIONAL		RATE	TIONAL
AMENDMENT A	Total	*	Minus	PAID **	FUH	=		X\$ 9)=	1 55	OR	X\$18=	
	Independent	*	Minus	***		=	1	X43	_			X86=	7
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	7,40	_		OR		
									<u> </u>		OR	+290=	
								TO ADDIT. I	TAL		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2) .	(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NŲŲ PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RÄTE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		XS S)=		OR	X\$18=	
	Independent	*	Minus	***	-			X43	=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1		
								-145			OR	+290= TOTAL	ļ
								TO LTIQG4	TAL FEE	L	OR	ADDIT. FEE	
		(Column 1)		(Colu		(Column 3	i						
AMENDMENT C	.N	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X8 9)=		OR	X\$18=	<u> </u>
	Independent				<u> </u>		X43	=		OR	X86=		
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1	000	
+145=											OR	+290=	ļ
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											OR	TOTAL ADDIT FEE	
	Libe "I liaboat Nice	mber Previously Pa	aid For" IN TH	IS SPACE	is less tha	an 3. enter "3."		und in th	е ар	propriate bo	x in co	olumn 1	